ATLAS RADIOLOGY, P.C.

DIAGNOSTIC RADIOLOGY

40-34 74th Street, Elmhurst, NY 11373
Tel. 718-335-7100 • Fax 718-709-4136

Patient

Name _____

DOB _____ Sex _____

Home Phone _____

Cell _____

Name of Insurance _____

Claim # _____

Referring Physician

Name _____

Fax # _____

Phone# _____

Address _____

Clinical Information _____

Signature _____ Date _____

❒ MRI

❒ Brain	❒ Shoulder	L	R
❒ Chest	❒ Elbow	L	R
❒ Abdomen	❒ Wrist	L	R
❒ Pelvis	❒ Hand	L	R
❒ TMJ	❒ Hip	L	R
❒ C-Spine	❒ Knee	L	R
❒ T-Spine	❒ Ankle	L	R
❒ L-Spine	❒ Foot	L	R
❒ Other _____			

❒ CT

❒ Brain	❒ Shoulder	L	R
❒ Chest	❒ Elbow	L	R
❒ Abdomen	❒ Wrist	L	R
❒ Pelvis	❒ Hand	L	R
❒ TMJ	❒ Hip	L	R
❒ C-Spine	❒ Knee	L	R
❒ T-Spine	❒ Ankle	L	R
❒ L-Spine	❒ Foot	L	R
❒ Other _____			

❒ X-Ray

❒ Chest (AP & Lat)			❒ Skull		
❒ ABD			❒ Hand	L	R
❒ Cervical Spine			❒ Foot	L	R
❒ Thoracic Spine			❒ Pelvis		
❒ Lumbar Spine			❒ Sacroiliac Joints		
❒ Ribs	L	R	❒ Hip	L	R
❒ Shoulder	L	R	❒ Knee	L	R
❒ Wrist	L	R	❒ Ankle	L	R
❒ Other _____					

Please Bring Proper Identification

Please see reverse side for map of location